STATE Page	STATE OF CALIFO		CLAIM			See Inc	tructions	and *Pr	rivacy						
Mariar Movassaghi	TRAVEL EXPENSE CLAIM STD. 262 A (REV.6/2000c)										Page		of		Pages
POSITION				SSAN OR EMPLOYEE NUMBER				·							
Second S		r Movassa	ghi		arranana na							Toxic	Substa		
Note Part Time Part							!							{	
Sacramento CA Special CA S	Acting Director													5000	
Sacramento CA Special CA S							1.	10011	Street						
Aug 2009							CITY								ZIP CODE
Aug 2009									CA				95814		
Color Colo			ATION	(4)	(5)	MEALS							,		(9)
DATE TIME WERE INCURRED FAST LUNCH DANGER TALS TRANS. USED TOLLAR		•		LODGING	BBEAK		1	INCIDEN	i	1		DOWAT		1	
State	1			LODGING	1				1	E I	TOLLS,				FOR DAY
San Diego to El Centro 25.29 RC 25.29	DATE: TIME				<u> </u>	LUNCH					PARKING	MILES	AMOUNT		
San Diego to El Centro 25.29 RC 25.29	8/20 6:15	Residence to S	San Diego	N/A	~					SC/A				1 ' 1	
Meet with DTSC Imperial CUPA staff & San Diego Border Field Office to discuss regional activities					 		†							 	
S	8/20	San Diego to	El Centro		<u></u>		<u> </u>		25.29	RC			. ,	<u></u>	25.29
8/20 20:20 San Diego to Residence 18.00 A/SC 9.00 22		Meet with	DTSC Imperi	al CUPA s	taff & S	San Diego	o Border	Field O	ffice to d	iscuss r	egional a	ctivities			۸.
8/20 20:20 San Diego to Residence 18.00 A/SC 9.00 22	8/20	El Centro to S	San Diego							RC			•		
8/26 4:50 Residence to Ontario 6.00 SC/A 6.00 E.J Enforcement Initiative Bus Tour of sites of concern in San Bernardino and Riverside 8/26 20:33 Ontario to Residence 18.00 A/SC 9.00 22 (16) SUBTOTALS 6.00 36.00 25.29 18.00 85 CLAIM TOTAL \$85 CLAIM TOTAL \$85 (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Altach receipts/vouchers when required) A= Scheduled Commercial Airline SC = State Car PC = Private Car (12) NORMAL WORK HOURS POB PROJECT WORK PHASE OBJ AO AMOUNT TOTAL (13) PORMAL WORK HOURS POB PROJECT WORK PHASE OBJ AO AMOUNT OBJ AO AMOUNT OBJ AO AMOUNT OBJ AO AMOUNT OBJ AO SS5.							10.00				0.00		**************************************		27.00
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EJ Enforcement Initiative Bus Tour of sites of concern in San Bernardino and Riverside 8/26 20:33 Ontario to Residence 18.00 A/SC 9.00 22 (10) SUBTOTALS 6.00 36.00 25.29 18.00 88 CLAIM TOTAL \$85 CLAIM TOTAL \$85 (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) A= Scheduled Commercial Airline SC = State Car PC = Private Car (12) NORMAL WORK HOURS PCA PROJECT WORK OBJ AO AMOUNT OBJ AC AMOUNT OBJ AC AMOUNT TOTAL 8:00 am - 5:00 pm 95080 292 42.00 297 25.29 295 18.00 \$85.				<u> </u>											
18,00	8/26 4:50	Residence to	Ontario		6.00		<u> </u>	l	<u> </u>	SC/A					6.00
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8:00 am - 5:00 pm 95080 292 42.00 297 25.29 295 18.00 \$85.	da Nobia		·		עמאנען			T	7	 	·			T	
(13) PRIVATE VEHICLE LICENSE No.	` ′		<u> </u>	PROJECT		 				 		OBJ AO	AMOUNT	TO	
			95080			292	42.00	297	25.29	295	18.00			ļ	\$85.29
(14) MILEAGE RATE CLAIMED	(13) PRIVATE VERI	JETH FINSE NO.						ļ						-	
	(14) MII FAGE RATE	CLAIMED			ļ	·			<u> </u>					<u> </u>	 -
/mile	(14) 111121102 10112				<u> </u>	<u> </u>	ļ	ļ						· · · · · · · · · · · · · · · · · · ·	
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AGENCY-ACCOUNTING OFFICE USE: ONLY					-				<u> </u>						
PAID BY REV. FUND CHECK No.	ent have been have been a seen and the second	a company and a second constitution of the second			 -					 		<u> </u>		<u> </u>	
FAID BY NEV. FOND GREEK NO.	FAID BY NEV. F	OND CHECK NO.			 				; * !					-	
TOTALS 42.00 25.29 18.00 \$85.			TC	OTALS		 	42.00		25.29		18.00			 	\$85.29
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage	(15) I HEREBY CEI	RTIFY That the above	4		ses incurred	by me in acco		PA rules in t		he State of		privately ow	ned vehicle was	used, and if m	
rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.					cle was equa						• •			750, 0751, 0752	2.
CLAIMANT'S SIGNATURE DATE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE OF OFFICER APPROVING TRAVEL AND PAYMENT OFFICER APPROVING TRAVEL AND P						DATE/21	109	(16.) SIGN	NATURE OF C	OFFICER A	PPROVING TR	AVEL AND P	AYMENT	DATE	er.

DATE

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(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)